# Defining Essential Services for Families Affected by FAS/FAE

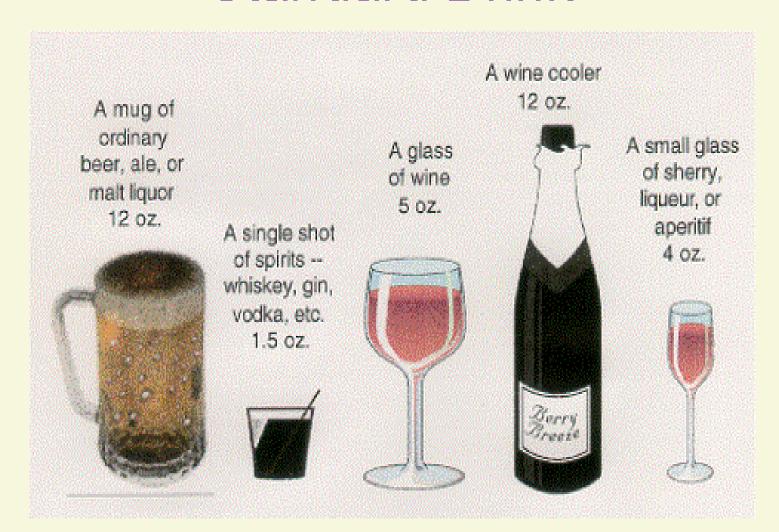
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#### **Presentation Overview**

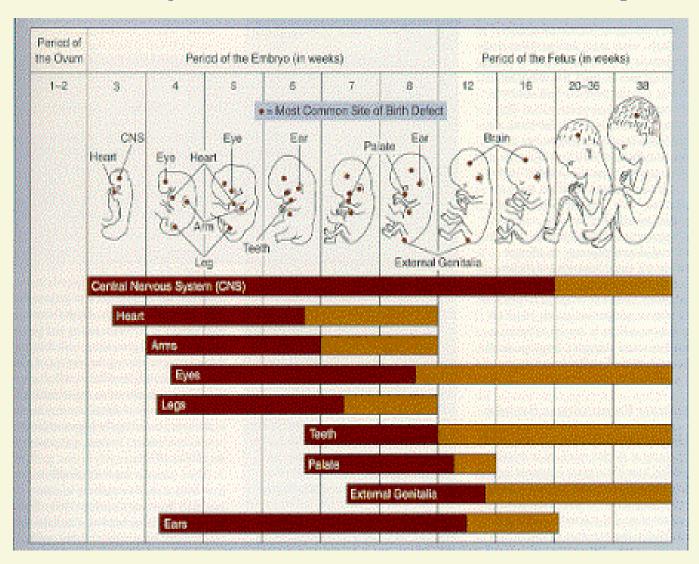
- Overview of FAS
  - Effect of FAS on the Fetus
  - Diagnostic Criteria for Fetal Alcohol
     Syndrome and Related Disorders
  - Developmental Implications
  - Intervention Strategies (in a nutshell!)
- Effect of FAS on Family Functioning
- Essential Services for Families: Can we find them in Wisconsin?

### Alcohol and Drug Use During Pregnancy

#### Standard Drink

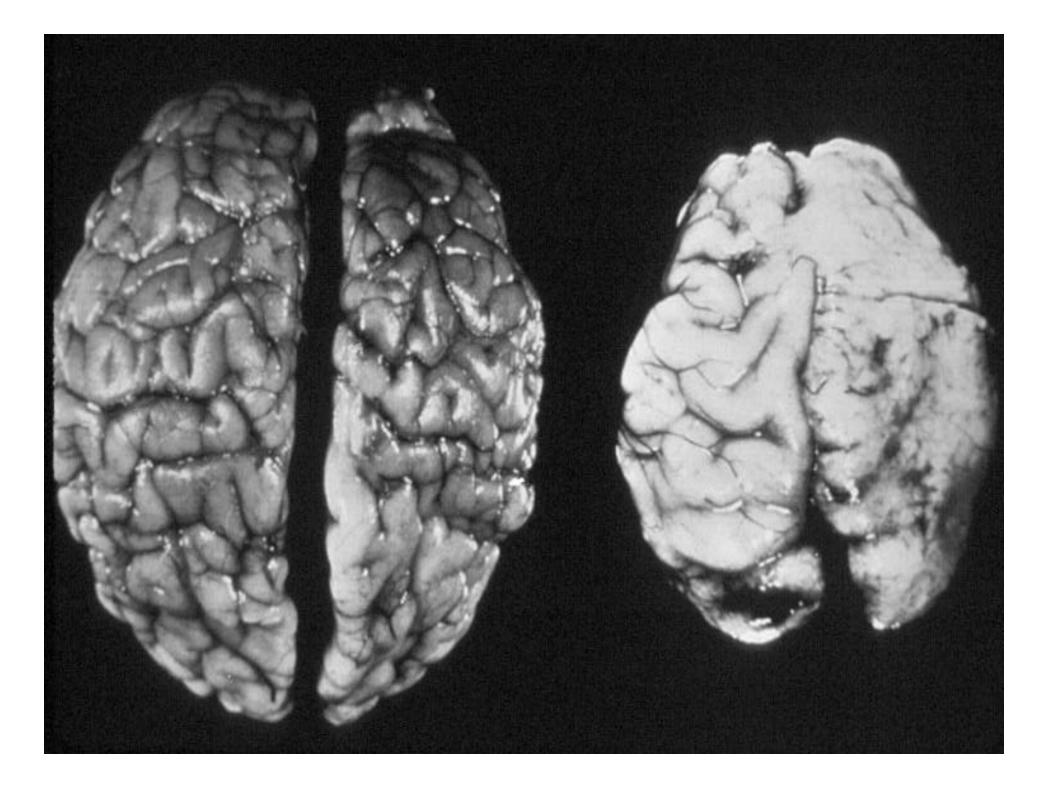


#### Development of the Embryo



#### Brain Regions Affected

- Fetal brain particularly sensitive to alcohol during 3<sup>rd</sup> trimester
  - Cerebral cortex exhibits abnormal patterns in distribution of neurons and abnormal neurotransmission
  - Hippocampus and cerebellum have decreased cell numbers and altered neurochemical activity
  - Corpus callosum appears absent or poorly developed in many (evidenced by MRI)
  - Size and volume of cerebellum and basal ganglia are reduced
    - Fleming et al., 1999



#### Etiology

- Etiology at a molecular level is not fully known
- Severity of effects depends on dose, pattern, and timing of alcohol exposure

## What is Fetal Alcohol Syndrome (FAS)?

# Fetal Alcohol Syndrome:

A specific, although variable, constellation of abnormalities seen in certain offspring who have been exposed to high levels of alcohol during gestation.

## Major signs leading to a diagnosis of FAS

- Central Nervous System effects
- Small size and weight
- Specific facial features
- History of prenatal alcohol exposure

#### Central Nervous System Effects

- Mental retardation <u>or</u> learning disabilities may be present
- I.Q. Range 30-130
- Other possible effects:

\*Hyperactivity \*ADD/ADHD

\*Distractibility \*Attachment concerns

\*Motor Problems \*Inability to appreciate

\*Memory Problems consequences of behavior

#### Small Size and Weight

- Length and weight both before and after birth are smaller than normal
- Head is smaller than normal (microcephaly)
- Body tends to be thin

#### Specific Facial Features

- Short palpebral fissures
- Flat, elongated philtrum
- Thin upper lip
- Lower set ears
- Small chin
- Flattened cheeks/face

#### Facies in Fetal Alcohol Syndrome

(. D

Discriminating Features

short palpebral fissures

flat midface

short nose

indistinct philtrum

thin upper lip

Associated Features

epicanthal folds

low nasal bridge

minor ear anomalies

micrognathia

In the Young Child

#### Individuals with FAS

- The following slides are credited to Ann Streissguth and Ruth Little in a slide training package, "Alcohol, Pregnancy, and the Fetal Alcohol Syndrome."
  - Copyright 1994











#### FAE

If a child has some, but not all of these signs coupled with a history of prenatal alcohol exposure, the child may be identified as having Fetal Alcohol Effects (FAE).

#### NIAAA, NIH

- **Growth Retardation**
- **Facial Malformations**
- Neurodevelopmental Disorder
- Other Physical Abnormalities

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FAS=Exposure + 1 + 2 + 3
FAS without exposure = 1+2+3
Partial FAS=Exposure+some 2+ 1, 3,
and/or 4
ARND=Exposure + 3
ARBD=Exposure + 4 *Warren & Foudin, 2001
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# So What Pr

### Developmental Implications

#### Primary Disabilities Include:

- Poor habituation
- Failure to thrive
- Delays in physical and cognitive development
- Distractibility/hyperactivity
- Memory deficits
- Impulsivity
- Difficulty in abstracting abilities/executive functioning
  - Difficulty predicting or understanding consequences of behavior
  - Concrete learner and literal translator

#### Other concerns:

- Academic ceiling often reached: usually 4<sup>th</sup> grade for reading, 3<sup>rd</sup> grade for spelling and arithmetic
- Impulsive, aggressive, unpredictable, and sometimes violent behavior
- Mental Health Issues
  - Depression
  - Substance abuse
  - Bi-polar diisorder

#### Secondary Concerns

- Irritability, temper tantrums
- Disobedience
- Difficulty following directions
- Inability to adapt to changes in the environment
- Decreased numbers of friends
- Perceived and real "lying,", stealing, disobedience

## Developmental gaps in FAS/ARND

- Age 5 going on 2 developmentally
- Age 6 going on 3 developmentally
- Age 10 going on 6 developmentally
- Age 13 going on 8 developmentally
- Age 18 going on 10 developmentally

• Malbin, 2001

## Secondary Disabilities of FAS/FAE

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#### Secondary Disabilities

- Mental Health Problems
- Disrupted School Experience
- Trouble with the Law
- Confinement
- Inappropriate Sexual Behavior
- Alcohol/Drug Problems



#### Change the Individual ??

Modify the Environment ??

## Strategies for Working with Individuals with FAS/FAE

- Structure
- Predictability
- Monitored level of stimulation
- Recognized retention difficulties
- Multi-modality instruction
- Repetition

# Effect of FAS on Family Functioning

## The Effect of FAS on Family Functioning (Wilton, 2002)

- Interview study of mothers (N=85) raising a child with:
  - FAS
  - FAE/ARND
  - Suspected FAS/ARND

#### Variables:

- Income, Social Support, # of Parents in the Home, Family Hardiness, Coping, Diagnostic Category of Child
- Family Distress, Parental Negative Emotion (Anger + Depression)

#### Findings

- There is a difference in family distress and parental negative emotion based on the child's diagnostic category
  - FAS
  - FAE/ARND
  - Possible FAS/ARND

### Findings (cont.)

- Families raising a child with FAS experienced significantly lower distress than those raising a child with FAE or possible FAE
- Families raising a child with either FAS or FAE experienced significantly less negative emotion than families raising a child with possible FAS/E

### Findings (cont.)

- There is a sig. relationship between family hardiness and both family distress and parental negative emotion
  - As hardiness increased both family distress and parental negative emotion decreased
  - Supports findings of other research on families and developmental disabilities
    - · McCubbin et al., 1988; Failla & Jones, 1991
- NO sig. relationship between between social support, number of parents in the home or coping and family distress or parental negative emotion

#### Family Hardiness

- A particular strength possessed by a family, a "durability" that can buffer stress in families. Components include:
  - Confidence
  - Control
  - Commitment
    - McCubbin et al., 1996
- Measured by Family Hardiness Index

#### Family Hardiness Index

- In our family...
  - Trouble results from the mistakes we make
  - It is not wise to plan ahead and hope because things to not turn out anyway
  - Our work and efforts are not appreciated no matter how hard we try and work
  - Life seems dull and meaningless
  - We seem to encourage each other to try new things and experiences
    - · Family Hardiness Index
    - © 1996 University of Wisconsin-Madison

## FHI Applicability with FAS ??

- In our family...
  - It is better to stay at home than go out and do things with others
  - When our family plans activities we try new and exciting things
  - We tend to do the same things over and over...it's boring

## Implications Essential Services for Families Affected by FASD

#### **Essential Services**

- Appropriate counseling
  - Individual
  - Family
- Assessment/Diagnostic Services
- Informed Professionals
  - Medical (incl. mental health), education
- Support
  - Family, community
- Accurate, up-to-date information, non-threatening

#### Counseling

- We can target family functioning in areas that are known to be associated with resiliency and coping:
  - Internal locus of control
  - Family cohesiveness
  - Positive outlook
  - Encouraging exploration (even with the constraints of FAS and related issues)
  - Positive Behavior Support

# Facilitate a comprehensive screening/diagnosis

- Include adaptive behavior in addition to IQ
- Demand accurate reporting (e.g., band scores for IQ tests; comprehensive written reports with treatment plans/suggestions)
- Seek out a trained clinician (e.g., geneticist/dysmorphologist) to diagnose FAS
- Don't rely on physicians to be the experts: come prepared

#### **Informed Professionals**

- Targeted professional education
  - In-service
  - On-line education
    - Health and Social Service Providers
    - Educators
    - Criminal Justice Professionals
      - Lawyers, judges, police/parole officers, guards

## Family Empowerment Network (FEN)

 Support, resource and referral network on FAS for families and professionals

777 S. Mills Street
Madison, WI 53715
1-800-462-5254
fen@fammed.wisc.edu

#### References

- Failla, S., & Jones, L.C. (1991). Families of children with developmental disabilities: An examination of family hardiness. *Research in Nursing and Health*, 14, 41-50.
- Malbin, D. (1999). Fetal Alcohol Syndrome/Alcohol-Related Neurodevelopmental Disorder. Portland, OR: FASCETS, Inc.
- McCubbin, H.I., Thompson, A.I., Pirner, P., & McCubbin, M.A. (1988). Family types and strengths: A life cycle and ecological perspective. Edina, MN: Burgess International.

#### References (cont.)

McCubbin, H.I., Thompson, A.I., McCubbin, M.A. (1996). Family assessment: Resiliency, coping and adaptation. Madison: University of Wisconsin.

Streissguth, A.P., Barr, H.M., Kogan, J., & Bookstein, F. L. (1996). Understanding the occurrence of secondary disabilities in clients with Fetal Alcohol Syndrome (FAS) and Fetal Alcohol Effects (FAE). Centers for Disease Control and Prevention Grant No. R04/CCR008515.

#### References (cont.)

- Warren, K.R. & Foudin, L. L. (2001). Alcoholrelated birth defects: The past, present and future. *Alcohol Research & Health, 25*, 153-158.
- Wilton, G. (2002). Raising a Child with FAS: Effect on Family Functioning. Doctoral Dissertation, University of Wisconsin-Madison.

